

ARIZONA RADIATION REGULATORY AGENCY LASER DATA FORM

INSTRUCTIONS - Complete all items in this data sheet for licensing a new facility or the renewal or amendment of an existing license. Use one data form for each regulated LASER. Retain a copy of this data sheet for your records. Attach this data sheet to your NONIONIZING RADIATION LICENSE APPLICATION and mail to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of the application, the applicant will receive a Nonionizing Radiation License issued in accordance with the requirements contained in Arizona Administrative Code. This data form is for use by Laser facilities. Other facility types are required to use forms provided by the Agency.

I. NAME AND ADDRESS OF LICENSEE:	* 2. ADDRESS AT WHICH DEVICE(S) WILL BE USED:
	*
	* *
	 * *
3. PERSON TO CONTACT REGARDING THIS DATA FORM	* 4. THIS IS DATA FOR AN APPLICATION FOR: (Check appropriate item)
	* G NEW LICENSE
	* G RENEWAL OF LICENSE NO
	* G AMENDMENT TO LICENSE NO
TELEPHONE NUMBER:	* *
5. LASER IDENTIFYING INFORMATION:	* 6. LASER CLASS AND TYPE:
MANUFACTURER:	* LASER CLASS:
MODEL NUMBER:	* LASING MEDIUM (i.e. CO2 or YAG):
SERIAL NUMBER:	* PRINCIPAL WAVELENGTH:
Administrative Code, Title 12, Chapter 1, and that all information contained	applicant named in item 1, certifies that this application is prepared in conformity with Arizona ed on the form, including any attachments, is true and correct to the best of his or her knowledge ate on the applicants behalf agrees to conform to the Statutory and Administrative requirements
(TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)	BY:(SIGNATURE)
(TITLE OF CERTIFYING OFFICIAL)	DATE:

RETAIN A COPY FOR YOUR RECORDS